

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

10017

State File No.

FILED MAR 30 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2590**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <div style="text-align: right;">b. COUNTY</div> <div style="text-align: center;">Mo.</div>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 26 2805 Blair Ave.	
3. NAME OF DECEASED (Type or Print) Rev. General		a. (First) Rev. General b. (Middle) c. (Last) FAULKNER	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 9, 1902	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		9. AGE (In years last birthday) 51 If UNDER 1 YEAR: Months Days If UNDER 1 MIN. Hours Min.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Tennessee	
13a. FATHER'S NAME Benjamin Faulkner		13b. MOTHER'S MAIDEN NAME Belle Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME Rev. Ben Pemberton ADDRESS 3628 Grandel Square	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Carcinoma of Kidney II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 3-16-54 , 19__, to 3-18-54 , 19__, that I last saw the deceased alive on 3-18-54 , 19__, and that death occurred at 8:45 P. M. , from the causes and on the date stated above.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
23a. SIGNATURE Richard F. J. [Signature] (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-23-54	
24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. MAR 22 1954		25. FUNERAL DIRECTOR'S SIGNATURE Full-Campbell Mortuary ADDRESS 5165 Delmar Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Bert E. L. Lutz

Licensed Embalmer No. 48

P. O. Address.....
H.A.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.